Shoulder, Elbow, Wrist, Hand and Arthroscopic Surgery www.aoaortho.com



2778 N. Webb Road Wichita, KS 67226 Phone: 316-631-1600 Fax: 316-631-1668

Protocol R5 Non-Operative Rehabilitation Program for Shoulder Impingement Syndrome

Phase I: Motion Phase (0-6 weeks)

GOAL:

• Full, painless passive and active range of motion (ROM).

ANCILLARY MEASURES:

- Use pain medications as needed.
- Use moist heat modalities before exercises.
- Use ice after exercises.

EXERCISES:

- Codman's Pendulum: Stand adjacent to a chair or table and bend slightly at the waist. Support your body weight by leaning on the chair or table with the opposite arm. Let the full weight of the affected arm hang freely. Gently swing the affected arm forward and back, side to side as tolerated for 15 seconds. Progress to 3-5 minutes. Repeat 3 times each day.
- **Stick Exercises:** Using a stick, cane or yard stick, perform passive ROM in flexion, extension, abduction, external and internal rotation. Repeat 3 times per day, 10 repetitions.
- Passive Forward Flexion: Use a therapy helper or your opposite arm to gently raise the affected arm up in front. Start with affected arm at side and passively bring your hand to mouth, then forehead, then top of head. Repeat 3 times per day, 10 repetitions. Progress to active forward flexion.
- Wall Climb: Face a wall with hands out in front of body, touching the wall. Use fingers to climb the wall, slowly raising the arms. At the peak, hold for 15-30 seconds.
- **Posterior Shoulder Capsule Stretch:** Bring affected arm across body to feel the stretch in the posterior shoulder (back side). Hold for 15-30 seconds.
- Supine Overhead Stretching: Begin in a supine position (lying flat on bed). Grip a stick with both hands. Raise the stick slowly overhead as tolerated. Hold for 5 seconds. Repeat 3 times per day.
- Overhead Pulley: Secure overhead pulley in doorway. Grasp both handles. At first, pull down on the normal or unaffected side while the symptomatic shoulder is relaxed (passive motion). Progress to active motion of the affected shoulder as tolerated. Repeat 3 times per day, 10-20 repetitions.
- Active Range of Motion: Without the use of a therapy helper or the opposite arm, raise up affected arm in flexion, extension, abduction, external and internal rotation. Push to peak so as gradually increasing motion. Repeat 3 times per day, 10 repetitions.
- **Isometrics:** Shoulder flexion, extension, abduction, external and internal rotation isometrics are encouraged. Shoulder shrug exercise as tolerated. Elbow flexion isometrics may be initiated.

PRECAUTION:

• If passive and/or active overhead shoulder motion is too painful, the therapist should suspend treatment and send the patient back to our office.

Alexander Bollinger, M.D.

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Protocol R5 Non-Operative Rehabilitaion Program for Shoulder Impingement Syndrome

Phase II: Strengthening Phase (7-12 weeks)

GOALS:

- Improve muscular strength.
- Achieve symptom-free activities.

ANCILLARY MEASURES:

- Use pain medications as needed.
- Use moist heat modalities before exercises.
- Use ice after exercises.

EXERCISES:

- Continue all Phase I exercises.
- **Isotonic Strengthening w/Therabands:** Secure the theraband to a doorknob or hook so that you may stretch the band until you feel resistance. Start using low resistive theraband, low repetitions, 3 times per day. Gradually increase repetitions to achieve 20 repetitions per exercise, 3 times per day. Then graduate to more resistive theraband, begin with 5 repetitions and repeat process, gradually increasing repetitions per exercise per day. Strengthening exercises should include shoulder flexion, extension, abduction, external rotation and internal rotation.
- **Isotonic Strengthening w/Free Weights:** Progress to light free weights (not more than three pounds) after therabands have been used.
- Wall Push-Ups: Stand facing a stationary wall. With shoulders and hands in a push-up position, slowly lean into the wall and push back to starting position (similar to a floor push-up). Gradually increase repetitions to 15-20.

PRECAUTION:

• If shoulder exercises are too painful, the therapist should suspend treatment and send the patient back to our office.